

Attorney Docket No. 4528-0117PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLPP.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: SUBSTRATE AND METHOD FOR MEASURING THE ELECTROPHYSIOLOGICAL PROPERTIES OF CELL MEMBRANES

Fill in Appropriate Information - For Use Without Specification Attached: the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

The specification was filed on October 15, 2004 as
United States Application Number _____;
and amended on October 15, 2004 (if applicable) and/or
the specification was filed on April 17, 2003 as PCT
International Application Number PCT/GB03/01705; and was
amended on June 18, 2004 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

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Prior Foreign Application(s)

Priority Claimed

Insert Priority Information: (if appropriate)	<u>0303922.9</u> (Number)	<u>Great Britain</u> (Country)	<u>February 21, 2003</u> (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)	<u>60/372,796</u> (Application Number)	<u>April 17, 2002</u> (Filing Date)
	_____ (Application Number)	_____ (Filing Date)

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Insert Requested Information: (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)
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Page 1 of 2 (Rev. 05/2004)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
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Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE:
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THE
FOLLOWING:

Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship

Insert Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME <u>Ras Kaas VESTERGAARD</u>	INVENTOR'S SIGNATURE <u>Ras Vestergaard</u>	DATE* <u>22/11-04</u>
Residence (City, State & Country) <u>Ballerup, Denmark DKX</u>	CITIZENSHIP <u>Danish 2</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark</u>		
GIVEN NAME/FAMILY NAME <u>Niels WILLUMSEN</u>	INVENTOR'S SIGNATURE <u>Niels J. Willumsen</u>	DATE* <u>22-11-04</u>
Residence (City, State & Country) <u>Ballerup, Denmark DKX</u>	CITIZENSHIP <u>Danish</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark</u>		
GIVEN NAME/FAMILY NAME <u>Nicholas OSWALD</u>	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) <u>Ballerup, Denmark DKX</u>	CITIZENSHIP <u>Great Britain</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark</u>		
GIVEN NAME/FAMILY NAME <u>Jonatan KUTCHINSKY</u>	INVENTOR'S SIGNATURE <u>Jonatan Kutchinsky</u>	DATE* <u>22/11-04</u>
Residence (City, State & Country) <u>Ballerup, Denmark DKX</u>	CITIZENSHIP <u>Danish</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark</u>		
GIVEN NAME/FAMILY NAME <u>Dirk REUTER</u>	INVENTOR'S SIGNATURE	DATE* <u>22-11-2004</u>
Residence (City, State & Country) <u>Ballerup, Denmark DKX</u>	CITIZENSHIP <u>German</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark</u>		
GIVEN NAME/FAMILY NAME <u>Rafael TABORYSKI</u>	INVENTOR'S SIGNATURE <u>R. Taborski</u>	DATE* <u>22-11-2004</u>
Residence (City, State & Country) <u>Ballerup, Denmark DKX</u>	CITIZENSHIP <u>Danish</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark</u>		

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Inventor
Insert Date This
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Insert Residence
Insert Citizenship →

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

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GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Dirk REUTER		Dr. Dirk Reuter	27.11.2014
Residence (City, State & Country)		CITIZENSHIP	
Ballerup, Denmark		German	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
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 Inventor
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Full Name of Second
 Inventor, if any:
 see above

Full Name of Third
 Inventor, if any:
 see above

Full Name of Fourth
 Inventor, if any:
 see above

Full Name of Fifth
 Inventor, if any:
 see above

Full Name of Sixth
 Inventor, if any:
 see above

GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Ras Kaas VESTERGAARD			
Residence (City, State & Country)		CITIZENSHIP	
Ballerup, Denmark		Danish	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Niels WILLUMSEN			
Residence (City, State & Country)		CITIZENSHIP	
Ballerup, Denmark		Danish	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Nicholas OSWALD		<i>Nicholas Oswald</i>	25/11/04
Residence (City, State & Country)		CITIZENSHIP	
Ballerup, Denmark		Great Britain	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark			
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Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Dirk REUTER			
Residence (City, State & Country)		CITIZENSHIP	
Ballerup, Denmark		German	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Sophion Bioscience A/S, 93 Pederstrupvej, DK-2750, Ballerup, Denmark			
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